

Gonococcal tonsillitis

Y. IQBAL

Department of Venereology, Black Street Clinic, Glasgow C.4

Few of the large numbers of patients exposed to gonococcal infection make spontaneous complaint to the venereologist of a sore throat, and it is therefore possible to overlook infection in this region. Fiumara, Wise, and Many (1967) reported a fully documented case of gonococcal tonsillitis and two probable cases of pharyngitis in homosexual males; and Thatcher, McCraney, Kellogg, and Whaley (1969) isolated *Neisseria gonorrhoeae* from the pharynx of one patient in the course of a routine physical examination of 505 military personnel in whom there were no symptoms. Cowan (1969), reporting a case of ulceration of the tongue, reviewed the literature of gonococcal infection of the oral cavity and advocated paying closer attention to this area by history-taking, examination, and bacteriological study.

The present report describes the case of a man presenting with tonsillitis; his anxiety that the infection might be due to the gonococcus led to the discovery of genital gonorrhoea in his sexual consort with whom he had had only oro-genital contact.

Case report

A married man aged 43 attended the Black Street venereal diseases clinic. He gave a past history of recurrent attacks of tonsillitis which had always been cured by ampicillin prescribed by his family doctor. He was anxious because a sore throat which developed 2 weeks after oro-genital contact with his girl friend had not responded to the usual course of 20 tablets of ampicillin.

Examination

The patient was afebrile. The lips, teeth, and tongue were normal. The right tonsil was enlarged and inflamed and there was slight mucopurulent discharge in the crypts. There was an associated circumtonsillar pharyngitis. There was no urethral discharge and both specimens of voided urine were clear.

Laboratory investigation

A Gram-stained smear of material from the crypts of the right tonsil showed Gram-negative intracellular diplococci.

A specimen for culture failed to survive 3 days in Stuart's transport medium.

CONSORT

The woman was traced and she attended the clinic. She was a separated woman who admitted to coitus with another man 2 weeks before contact with our male patient. The histories from both patients corresponded in that both stated that coitus did not take place, and both admitted to his oral contact with her genitalia.

Examination of the consort revealed a rash on the mons pubis and upper thighs where burrows of scabies could be seen. The vulva and urethra were of normal appearance, there was a purulent vaginal discharge and an erosion of the cervix with a mucopurulent cervical discharge.

Laboratory investigations

Gram-stained smears from the urethra and cervix showed no pus cells or organisms in the urethra, and pus cells and Gram-negative intracellular diplococci in the cervix. *N. gonorrhoeae* was cultured from the cervical specimen, the oxidase test was positive, and sugar fermentation tests showed that glucose only was fermented.

Treatment and course of illness

MALE PATIENT

A dose of 300 mg. Vibramycin was given by mouth. After this treatment the patient became asymptomatic. The signs of tonsillitis and pharyngitis settled down within a few days, and smears and cultures from the tonsillar region gave negative results for the gonococcus.

FEMALE PATIENT

The gonorrhoea was also treated with 300 mg. Vibramycin orally. Additionally benzyl benzoate was applied for scabies and metronidazole (200 mg. three times a day) was given for 7 days for trichomoniasis. After this treatment she became asymptomatic and urethral and cervical smears and cultures gave negative results for the gonococcus.

Discussion

The day before the first visit of the male patient with tonsillitis a male homosexual had attended for a 'check-up' of a sore throat after oral coitus. Gram-

negative intracellular diplococci had been found by taking smears from the pharynx (culture later showed these organisms to be *N. meningitidis*). Because of this, the patient whose tonsillitis is described above, was examined more thoroughly in the mouth than might usually be the case. Proof that the *Neisseria* seen in tonsillar smears were gonococci was not obtained, but gonococcal infection in the consort was proved.

Summary

A case of gonococcal tonsillitis in a heterosexual male is described. Gram-negative intracellular diplococci were seen in smears of tonsillar pus but culture was not successful. Proof, by culture and fermentation tests, of gonococcal infection in the cervix of the female consort was obtained and both patients acknowledged that sexual activity had been limited to his oral contact with her genitalia.

It is suggested that more cases may be revealed if greater attention is paid routinely to eliciting details of sexual activity and to clinical and bacteriological examination of the mouth.

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Angine gonococcique—Exposé d'un cas

SOMMAIRE

On décrit un cas d'angine gonococcique survenue chez un homme hétérosexuel. Des diplocoques intra-cellulaires Gram négatif ont été vus dans l'étalement du pus amygdalien, mais la culture ne réussit pas. Chez la partenaire de ce malade, l'infection gonococcique fut prouvée par la culture et par les tests de fermentation; les deux malades reconnurent que leur activité sexuelle avait été limitée au contact oral de l'homme avec les organes génitaux de la femme.

Ceci suggère que plus de cas pourraient être découverts si une attention plus grande était régulièrement portée à l'obtention des détails de l'activité sexuelle et à l'examen clinique et bactériologique de la cavité buccale.